

# **A SEXUAL HEALTH CURRICULUM FOR NORTHERN CATHOLIC YOUTH**

by

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PROJECT PROPOSAL SUBMITTED IN PARTIAL FULFILLMENT OF  
THE REQUIREMENTS FOR THE DEGREE OF  
MASTERS IN EDUCATION  
IN  
MULTI-DISCIPLINARY LEADERSHIP

UNIVERSITY OF NORTHERN BRITISH COLUMBIA

November 2014

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**Abstract**

This study presents a rationale and an eight lesson unit plan for sexual health for grade six Yukon Catholic school students. The unit plan is designed to integrate Catholic teachings with BC and Yukon sexual health curriculum outcomes. The author addresses a concern that Catholic school teachers may be reluctant to teach the sexual health curriculum because of fear of conflict with church teachings or criticism from parents. However, research shows that Canada's northern populations are the most at-risk population for Sexually Transmitted Infections (STIs) and early pregnancy (Indian Health Service, 2008, p. 2). This unit was designed to give students knowledge and decision-making tools for maintaining sexual health as they enter their most vulnerable years. Although Catholic teaching and safe practices for sex outside of marriage seem irreconcilable, these lessons emphasize the gospel values of love, justice, and compassion in relation to sexual health education.

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## Glossary

### **chlamydia**

Chlamydia is a common sexually transmitted disease (STD) that can infect both men and women. It can cause serious, permanent damage to a woman's reproductive system, making it difficult or impossible for her to get pregnant.

Chlamydia is spread by having vaginal, anal, or oral sex with someone who has chlamydia (Centers for Disease Control and Prevention, 2014).

### **comprehensive sex education program**

In the sex education literature, *comprehensive* refers to “programs for youth that encourage abstinence, promote appropriate condom use, and teach sexual health communication skills” (American Psychological Association, 2005, para. 2). It includes “a range of topics such as developmental changes (puberty), relationships, communication, setting of personal limits, media, stereotypes, prevention of STI/HIV, effective contraception, sexual assault, gender-role expectations and sexual orientation” (Joint Consortium for School Health, p. 9)

**family life education**

Catholic family life education “is closely associated with Religious education” and it is “intended to pass on a distinctively Catholic view of human life, sexuality, marriage, and family” (Ontario Association of Catholic Bishops, n.d., A Brief History of Fully Alive).

**HIV**

HIV is the abbreviation for Human Immunodeficiency Virus; the virus that causes AIDS. HIV is acquired through unprotected sex, sharing needles and mother-to-child transmission” (Joint Consortium for School Health, 2007, p. 9).

**Integrated Resource Package (IRP)**

Integrated Resource Package (IRP) refers to the specific curriculum guide packages put together by the BC Ministry of Education (2006) for each school subject. A key part of an IRP is the prescribed learning outcome (PLO) section.

**puberty**

Puberty is the period of time in which the bodies of males and females develop and become fertile (Ontario Association of Catholic Bishops, n.d.,

**procreation**

Procreation is “the creation of a new human life; parents cooperate with God in the creation of a new human life” (Ontario Association of Catholic Bishops, n.d.)

**reproductive system**

The reproductive system is the system of the body that allows people to have children (to procreate); the reproductive systems of males and females differ and begin to mature at puberty (Ontario Association of Catholic Bishops, n.d.).

**same sex attraction**

Same sex attraction is when two people of the same gender have feelings for each other.

**sexual behaviour**

Sexual behaviour refers to physical intimacy with other people, from a first kiss to sexual intercourse.

**sexual health** (Joint Consortium for School Health, 2007, p. 9).

“Sexual health is a state of physical, emotional, mental, and social well-being in relation to sexuality; it is not merely the absence of disease”

**sexual health** (American Journal of Preventative Medicine, p. 209)

“a state of physical, emotional, mental and social wellbeing in relation to sexuality”

**sexual health education**

The Canadian Guidelines for Sexual Health Education (Public Health Agency of Canada, 2003/2008) defined sexual health education as “the process of equipping individuals, couples, families and communities with the information, motivation and behavioural skills needed to enhance sexual health and avoid negative sexual health outcomes” (p. 5). It was noted that sexual health education involves “family, religious, social and cultural values” (p. 5).

**sexual intercourse** (Ontario Association of Catholic Bishops)

Sexual intercourse, as defined by the Ontario Association of Catholic Bishops (n.d) is “an act which is intended to be a sign of the deep and committed love that exists between a husband and wife and may result in the beginning of a new human life; during intercourse, the husband’s penis fits inside the wife’s vagina and at the time of ejaculation millions of sperm cells are released into the vagina and may travel into the uterus and fallopian tubes” (Fully Alive Theme Three Glossary).

**sexual intercourse (Yukon Sexual Health)**

In contrast, the definition of sexual intercourse on the Yukon Sexual Health website, *Better to Know*, describes pleasure as a reason for intercourse and explains that intercourse without a condom allows an exchange of body fluids that can cause STIs or pregnancy (Yukon Health and Social Services, 2104, *Intercourse*).

**sexually transmitted disease (STD) or sexually transmitted infection (STI)**

These terms are used interchangeably and they refer to the range of infections that can be acquired through oral, vaginal, or anal sex (Joint Consortium for School Health, 2007, p. 9).

**sexual orientation (American Psychological Association )**

An informational pamphlet published by the American Psychological Association (2008) defined sexual orientation as:

An enduring pattern of emotional, romantic, and/or sexual attractions to men, women, or both sexes. Sexual orientation also refers to a person’s sense of identity based on those attractions, related behaviors, and membership in a community of others who share those attractions. (p. 1)

**sexual orientation (Yukon Sexual Health)**

A Yukon health website [www.bettertoknow.yk.ca](http://www.bettertoknow.yk.ca) defined sexual orientation as:

There's more than one kind of sexuality. You may find that you are attracted to people of the opposite sex. If you are, people call that being heterosexual or straight. You may find that you are attracted to people of the same sex. If you feel this way, you may be gay or lesbian. You may find that you are attracted to both sexes. If you feel this way you may be bisexual.

**sexual wellbeing**

Sexual wellbeing occurs when people have the knowledge and capacity to make positive, informed sexual choices that align with their values. People who experience sexual wellbeing do not feel ashamed of their sexual actions and they are not hurt by them.

**Acknowledgements**

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## CHAPTER 1: THE PROBLEM

As a grade six teacher in a Catholic elementary school in Whitehorse, Yukon, I attended a conference recently (November 2013) on sexual education in Catholic schools. The speaker spent the whole day reinforcing the importance of living *chaste lives*. He insisted that teachers help children understand the importance of abstinence and of treating their bodies as *chaste temples*. My response was skeptical – I believe that many of the students I have taught have not remained sexually abstinent throughout their high school years. I also believe that my students need to know that God will continue to love them, whatever choices they have made.

Sexual behaviour is usually part of a natural human experience. One of the most enjoyable experiences of life is the expression of sexual desire within a safe and consensual context and with respect between partners. However, with the rapid advancement of technology and the fast pace of media, portrayals of a wide range of sexual behaviours have become accessible, usually without references to safe sex and sexual health concerns. Sexual education is a topic that often gets missed in a teacher's daily role in school (Phipps, 2008, p. 254). Teachers frequently find the topic tough, almost embarrassing, to teach and there may be little evidence that their students take these lessons into consideration when making decisions about their own sexual behaviour.

I have observed that teachers in Catholic schools may be especially reluctant to teach the sexual health curriculum for fear of interfering with the Catholic message or fear of repercussions from parents or Church authorities. I have noticed that students may believe misinformation about relationships and dating as well as total myths about

sexual health. For example, students have asked me questions such as: *Is it true that if you kiss someone you will grow breasts faster?* I have wondered how long it would be before these students would obtain accurate information about sexual health if I did not teach it in my grade six class. More importantly, I have wondered who would teach these students about sexual health if I did not.

### **Need for Catholic Sexual Health Curriculum**

I believe there is an urgent need for a meaningful sexual health curriculum that will benefit the majority of students when they reach high school, so they can make healthy decisions about friends, relationships, and dating. A curriculum that effectively integrates the teachings of the Catholic church with information for sexual health prescribed in provincial curricula (BC Ministry of Education, 2006) is especially important in Yukon, where Catholic schools are part of the public school system and required to follow the British Columbia provincial curriculum. Research indicates that northern residents are by far the most prevalent population for Sexually Transmitted Infections (STIs) and early pregnancy (Indian Health Service, 2008, p. 2) in Canada. Yukon ranks the third highest per capita, immediately behind Canada's two other northern jurisdictions, Nunavut and North West Territories. A major proportion of those affected by or at risk of STIs are youth between the ages of 13 to 24 (Public Health Agency of Canada, 2008, p. 9; Phipps, 2008, p. 254). With grade six students being between 11 and 12 years old it is the perfect time to start teaching them about importance of sexual health. Especially since we are in the north. As the American Journal of Preventative Medicine states 'sexual health programs that are found effective focus on



clear health goals, including the prevention on STI's' (American Journal of Preventative Medicine p. 209)

Indigenous populations in the US and Canada share geographical, historical, cultural, and social similarities that may contribute to the disproportionately higher STI rates across Canada's northern territories. Law (2008) noted these similarities and warned that there are consequences associated with inadequately preparing youth about sexual health issues. The education system is a critical instrument for imparting sexual health information and sexual health programming to adolescent youth (Indian Health Service, 2008, p. 3). Though I am focusing on a northern Catholic school, I have a 30 to 40% (percentage varies from year to year) First Nations population that comes through my classroom every year.

Much of the Catholic curriculum relies on teaching abstinence or chastity before marriage. I fear that an emphasis on abstinence as the only option has not given students the knowledge needed to protect themselves against STIs and early pregnancies.

Although sexual abstinence before marriage remains an ideal in Catholic teaching, I believe Catholic students also need to have access to knowledge for maintaining their sexual health if they fall short of this ideal. A more comprehensive approach is needed to encourage students to protect themselves from disease if they do not maintain chastity.

This claim is confirmed by prominent organizations such as the American Psychological Association (2005):

Both comprehensive sex education and abstinence only programs delay the onset of sexual activity. However, only comprehensive sex education is effective in protecting adolescents from pregnancy and sexually transmitted illnesses at first intercourse and during later sexual activity. In contrast, scientifically sound studies of abstinence only programs show an unintended consequence of unprotected sex at first intercourse and during later sexual activity. (para. 5)

### **Purpose of the Study**

The goal of this study was to design a meaningful, comprehensive sexual health curriculum for grade six students in a Catholic school in the Yukon. I envisioned that delivery of these lessons would prepare students with the knowledge and values to make positive sexual health decisions as they entered high school and in subsequent years. By *meaningful*, I mean that students have opportunities to understand the Catholic perspective on sexual behaviour and health and consider what that perspective means for their own lives. In the sex education literature, *comprehensive* refers to “programs for youth that encourage abstinence, promote appropriate condom use, and teach sexual health communication skills” (American Psychological Association, 2005, para. 2). Therefore, a meaningful and comprehensive curriculum will integrate Catholic teachings about the sanctity of families and God’s love for individuals with information to encourage chastity as well as provide safeguards from the risks of sexual behaviour.

### **Research Question and Objectives**

My research focus question for this study and the design of the sexual health unit plan for grade six was: *How can a grade six sexual health unit plan integrate Catholic teachings with prescribed sexual health learning outcomes to support positive sexual health decisions for students?*

To guide completion of this study and the unit plan design, I drafted a series of project objectives:

1. To examine the Yukon Education’s current sexual health program prescribed learning outcomes and the literature on effective sexual health education.

2. To examine the teaching of the Catholic Church and Yukon Catholic Schools on sex education.
3. To synthesize this information and apply it in the design of a meaningful, comprehensive sexual health unit plan for grade six class at a Yukon Catholic elementary school.
4. To design a unit plan to meet mandated outcomes of both the Catholic schools and Yukon Education.

### **Significance and Contribution**

To my knowledge, there has been no previously developed curriculum that offers Yukon Catholic students comprehensive and meaningful education to help them make healthy choices regarding abstinence as well as self-protection when abstinence does not occur. A relevant study completed in Southern Ontario showed the positive effects of meaningful sexual health programs directed to specific age groups (DiCenso & Bartwick, 2001). This study is unique in that it takes into account the northern context and adapts promising practices in sexual health education for a Catholic environment. This curriculum design is an act of teacher leadership (Lieberman & Miller, 2004) because it addresses a gap in resources and curriculum delivery that I have identified as affecting my students. The action I have taken may contribute to the professional learning of other teachers who recognize a similar gap between their students' needs and existing curricula.

I have designed curriculum for one specific grade, grade six, which only begins to address the need for more comprehensive sexual education for Catholic school students in a northern community. I teach grade six and so it made sense to me to design

curriculum for the grade that I am most familiar with, at the point in their lives when the students are about to enter puberty. If this grade six unit is piloted successfully, grade seven teachers in the Catholic elementary school may be interested in working collaboratively to design a similar unit plan for their students. Future collaboration with secondary Catholic school teachers could ensure that a consistently comprehensive program from later elementary to high school. Northern teachers who do not follow the British Columbia curriculum may be able to integrate the Catholic teachings in this unit with their own prescribed outcomes for sexual health education.

An important contribution of this study is that it may help to start conversations among Church leaders, parents, and teachers in northern Catholic schools about how to meet students' needs for effective sexual health education. I hope that, in future, students, teachers, parents, and community members will have a better understanding of these needs. I offer this curriculum and rationale as an initial local contribution to integrated health, education, and community efforts to address a broader problem.

The way that I have framed and addressed the problem as a teacher leader may influence colleagues to make sexual health more of a priority in their teaching. Through this study, I hope to help teachers realize the importance of a meaningful sexual health program at Catholic schools and the need to continually change to reflect the changing dynamics of the student population. I believe that teachers, including myself, need a program such as this, to support us as we honour the teachings of the Catholic Church and also teach students about a range of options for sexual health and wellbeing.

### **Limitations**

The lessons designed in this study may not meet the needs of all students in any one classroom. I have tried to incorporate the characteristics of effective programs into my unit design, in the hope that the majority of students will benefit. However, evaluating the effectiveness of these lessons for delaying sexual behaviour or preventing pregnancy or disease is beyond the scope of this study. The lessons that I have designed may not be applicable for other grades at Catholic schools or for other northern communities without considerable revision. This study does not hold the solution to sexual health education programming across all grades at all Catholic schools in the north. Finally, although I have reflected deeply on how to merge Catholic teachings with guidelines for an effective, comprehensive sexual health program, the study and the unit plan are limited to the extent of my understandings and teaching competencies.

### **Chapter Summary**

In this chapter I have framed a problem that I found in my own teaching practice in a Catholic elementary school in a northern community. The problem is that students approaching puberty may not be getting the teaching they need to make informed decisions about their sexual health. I have identified a need for a comprehensive program that is based on current recommendations for effective sexual health education and includes teaching that goes beyond the assumption of abstinence. However, there is also a need for such a program to honour the Catholic faith and incorporate Church teachings by giving students the tools needed to make informed decisions. To begin to address this problem, I have designed an eight lesson unit plan for sexual health education in grade six. This unit of study will make an important local contribution to sexual health

education in Yukon Catholic schools and may be of interest to teachers in other Catholic schools as well.

## CHAPTER II: LITERATURE REVIEW

The purpose of this review of literature is to support the design of a unit of study or curriculum that meets sexual health outcomes for Yukon grade six students and also relates this material to faith-based outcomes for a Catholic school. For this reason, throughout the review, I comment on the relevance of information for the design of my lessons. I have organized this review in two main sections. The first section focuses on secular education – the prescribed sexual health curriculum and the research literature on effective sexual health education programs. The second main section of the literature review focuses on faith-based programs and documents. I draw on this material to identify Catholic learning objectives or outcomes and to consider how to integrate them with prescribed and recommended sexual health education content in my unit plan.

### Secular Sexual Health Education

I introduce secular sexual health education in the Yukon with an article in the Yukon News (Oke, 2010) that identified resources made available to Yukon teachers by the Yukon Ministry of Health and Social Services. Then I explore a current example, a website called *Better to Know* (Yukon Ministry of Health and Social Services, 2014). Next, I review Yukon Education and BC Ministry of Education documents and articles to understand the philosophy of the required public school curriculum and to identify prescribed outcomes for the grade six health curriculum. Finally, I consider guidelines for teaching sexual health in Canada, comparing them to the provincial and territorial curriculum and noting specific goals for my curriculum.

### Updating Sexual Education in the Yukon

A Yukon newspaper published in Whitehorse, the *Yukon News*, printed an article on June 4, 2010, (Oke, 2010) about the state of sexual health for Yukon teenagers. The article was based on an interview with Susie Ross, a local health promotion worker. The article noted that the rates of teen pregnancy had decreased but that *chlamydia*, a serious sexually transmitted infection (STI), was increasing among Yukon teens to rates two to three times higher than the national average. The *Yukon Health and Social Services Health Promotion Unit* had revised their sexual health program, *Choices and Changes*, which was available for Yukon teachers to use in classrooms. This program covered the prescribed learning outcomes identified in the *BC Career and Health Education IRP* (BC Ministry of Education, 2006). Chris Oke (2010), the author of the *Yukon News* article, emphasized the importance of talking about sexual issues with children at an early age. It was noted that there are many Yukon children with same sex parents as well as *transgendered* people in the community.

When I inquired about the *Choices and Changes* program, a school counsellor explained to me that Yukon Catholic schools chose not to use this program because it was, in his words, “too sexually explicit”. As an alternative to address sexual health education, Catholic school leaders opted for the *Fully Alive* program from the Catholic Bishops of Ontario, published by Maxwell MacMillan Canada. I was disappointed that the sexual health materials from Yukon Health and Social Services Health Promotion Unit were not approved for use in Catholic schools. From my reading and classroom experience, I agreed with Susie Ross about the importance of talking about sexual issues with children at an early age as well as the need to have explicit and detailed information



to counteract all the misinformation young people receive from their peers and the media. My disappointment made me more determined to design a curriculum to bridge the gap between being too sexually explicit and simply not covering topics in enough detail for students to fully understand the risks they take with sexual behaviour.

### **Better To Know**

The Yukon News article led me to the Yukon Health and Social Services sponsored sexual health website, *Better to Know* (2014), created for parents, children, and teachers to help them learn and talk about all thing related to sexual behaviour. The website covers many areas in great detail, including sexual acts, the difference between male and female sexual parts, pregnancy and options, respect and being ready or not, sexual assault and date rape, sex and the law, healthy relationships, the so on. The website uses explicit colloquial language, for example, words like *cum* and *blowjob*. The site also has statistics about the sexual health of Yukon teenagers. The website is well-organized and so it is easy to navigate the site and access a wealth of information. I expect that this site would be too explicit for use in Yukon Catholic schools. However, I could see its value as a site recommended to parents, so that students could explore it at home under their parents' supervision to supplement information shared in class.

In a report on sexual health education across Canada (Joint Consortium for School Health, 2007), the Canadian preference for comprehensive programs is distinguished from an American emphasis on abstinence. Areas of success in Canadian sexual health education are identified as the development of online resources and collaborative partnerships. The Better to Know website is an example of this success, as a comprehensive online resource that reflects collaboration between health professionals

and educators, with the support of the territorial government. The Better to Know website is part of the northern sexual health portal that features sexual health websites for each of Canada's three territories.

### **British Columbia Career and Health IRP**

The BC Ministry of Education (2006) Integrated Resource Package (IRP) sets the goal of the Career and Health Education program to “provide opportunities for students to develop the skills that will allow them to take increasing responsibility for their decisions and to understand the consequences of those decisions” (p. 12). This curriculum sets out four different areas or curriculum organizers to be addressed each year: *Healthy Living, Healthy Relationships, Safety and Injury Prevention, and Substance Misuse Prevention*. My sexual health unit falls under the Healthy Living section where, in grade six specifically, students are to learn about the human reproductive system and how it works.

Authors of this provincial curriculum advise teaching respect for developmental differences between male and females as well as the rate of puberty for different people. Understanding the potential consequences of sexual behaviour includes learning about sexually transmitted infections (STIs) or diseases (STDs) and pregnancy (p. 15). Curriculum strategies in this document include fostering discussion, small group interaction, and partner talk. The authors of this curriculum document, the IRP, recognized the importance of teaching sexual health concepts to students and allotted instructional time to do so.

The BC Ministry recommends 5% of the total instructional time for each school year or 50 hours be dedicated to teaching all the health and career concepts (p. 12).

Although there are other outcomes students must also learn during these 50 hours, I determined that approximately five hours should be dedicated to sexual health education in grade six. Five hours of instruction translates to a unit of study of eight lessons: two lessons to open and close the unit, two lessons on puberty, three lessons on the reproductive systems, and one lesson on STIs and pregnancy.

As I reviewed this curriculum, I realized that the bar had been set high and I considered that perhaps the problem of inadequate sexual health education is not due to curriculum deficiencies but to teachers' unfamiliarity with the curriculum and their comfort with the topic.

It is important to note...that there may be considerable gaps between what a department of education mandates and what actually gets done in the classroom, so to describe sexual health education policy is not necessarily to describe sexual health education practice. (Joint Consortium for School Health, 2007)

I am aware that some teachers in the Catholic system in Whitehorse do not attempt to cover this part of the curriculum at all, leaving students uneducated and having to make important and potentially dangerous decisions on their own or with frequently misinformed advice of their peers. As teachers, we are doing an injustice to our students by not providing them a sexual health program in grade 6 that presents realistic precautions along with Catholic beliefs.

In my opinion it is very important that the Healthy Living curriculum strand for grade six is not neglected. In grades four and five students are expected to learn the differences between communicable and non-communicable diseases and the physical, emotional, and social changes at puberty; nothing else relates specifically to sexual health. In grade seven students are taught about maintaining their health during puberty and the life-threatening nature of HIV/AIDS. Nowhere else in elementary grades four to

seven, the intermediate years, does the British Columbia government require students to learn about how the human reproductive system works or the consequences of sexual behaviour. If these topics are missed in grade six, students are more likely to go through puberty with misinformation. Fortunately, the topic of puberty itself is covered both before and after the grade six program.

### **Canadian Guidelines for Sexual Health Education**

This document has been published by the Public Health Agency of Canada (2003/2008) not “to provide specific curricula or teaching strategies” but to provide “a framework that outlines principles for the development and evaluation of comprehensive evidence based sexual health education” (p. 2). Authors of this document defined sexual health as “a state of physical, emotional, mental and social well-being” and recommended “a positive and respectful approach to sexuality and sexual relationships, as well as [acknowledgement of] the possibility of having pleasurable and safe sexual experiences” (p. 5). A scarcity of materials acknowledging sexual relationships as positive and pleasurable was also identified as an area for improvement in sexual health education in Canada (Joint Consortium for School Health, 2007).

Sexual health education is defined as “the process of equipping individuals, couples, families and communities with the information, motivation and behavioural skills needed to enhance sexual health and avoid negative sexual health outcomes” (Public Health Agency of Canada, 2003/2008, p. 5). It was noted that sexual health education involves “family, religious, social and cultural values” (p. 5). The acknowledgement of personal wellbeing and religious values is significant for me as a teacher at a Catholic school. I designed the unit plan for this study to deliver content

essential for both physical health and emotional wellbeing, so it is affirming to know that respecting Catholic beliefs in a meaningful way is officially recognized as an important part of sexual health education. The Joint Consortium for School Health (2007) identified a need for more teaching materials tailored to specific populations, such as Aboriginal youth, youth with disabilities, and youth who do not see themselves as heterosexual. I would add students attending Catholic schools to this list.

The Canadian Guidelines (Public Health Agency of Canada, 2003/2008) identified two very basic goals for sexual health education. First, “to help people achieve positive outcomes” and second, “to avoid negative outcomes” (p. 8). I think these goals speak for themselves because no teacher wants to see students have a negative experience when it comes to sexual health. The guidelines are broad and pertain to people of all ages, including seniors. They do state that schools are key organizations that can become “a major pathway to ensure that youth have access to effective and inclusive sexual health education” (p. 19). This statement fully supports the design of the unit plan for this study, which is intended to be both effective and inclusive for Catholic youth.

Five guiding principles “characterize effective sexual health education programming” (Public Health Agency of Canada, p. 18):

1. Accessible sexual health education for all Canadians
2. Comprehensiveness of sexual health education
3. Effectiveness of educational approaches and methods
4. Training and administrative support
5. Program planning, evaluation, updating and social development.

I believe my unit plan aligns firmly with the first, second, and third principles. First, it is designed to offer students in Catholic schools the accessible sexual health education they may not otherwise receive. Next, it meets all the PLOs for sexual health in the British Columbia Health and Career Education grade six program, which aligns with the recommendation for a comprehensive program, at least the part of a comprehensive program that is age-appropriate for grade six. Finally, although evaluating the effectiveness of this unit plan is beyond the scope of this study, the unit design was based on recommendations about effective practices derived from evaluative studies that contributed to the national guidelines document. Therefore, I believe the lessons that I have designed are also likely to be effective, although it remains to be seen whether teachers will actually deliver them and how students will respond in terms of sexual health decisions.

The Guidelines offered by the Public Health Agency of Canada emphasized the integration of theory into practice for current sexual health education that is likely to be effective. The authors advised teachers to employ the *Information, Motivation and Behavioural Skills Model* (IMB), which has had demonstrated effectiveness for sexual risk reduction within a variety of populations, including minority youth. They believe that “information helps individuals become better informed with relevant knowledge” (Public Health Agency of Canada, 2003/2008, p. 37) but that imparting knowledge alone is not enough to change behaviour. As I designed my lessons, I considered how to give students the information they need while also motivating them to use this new knowledge in a personally meaningful way to avoid negative risk behaviours.



Addressing motivation and personal insight, which is what I refer to as meaningful learning, compels individuals to apply the knowledge they acquire about sexual health to their own lives. The Canadian Guidelines (Public Health Agency of Canada, 2003/2008) identified important motivation goals, including “acceptance of one’s own sexuality” and “development of positive attitudes toward sexual health-promoting behaviour” (p. 15). For Catholic students, personal meaning making may also include viewing oneself as a unique creation of a loving God and as someone who will, as an adult, enjoy the gift of sexuality within a loving relationship.

The dilemma that teachers face is how to reconcile the Catholic sanctity of enduring heterosexual marriage for the purpose of procreation (Gordon, 2013) with statistical information on the lives of students. Many Catholic school students will have sexual experiences before they are old enough to consider marriage and others will not be in heterosexual relationships at all (Rish & Lawler, 2003). In order to motivate students as young as grade 6, at the end of the unit I ask students to write five points from the lessons that are personally important to them. I plan to do an end-of-unit conference with students, inviting each of them to tell me why their five points are important and how this information will motivate them to make positive sexual health decisions in the future.

Behavioural skills are also needed to facilitate actions that reduce negative outcomes and enhance sexual health. The Canadian Guidelines (Public Health Agency of Canada, 2003/2008) identified skills that support sexual health as the “ability to formulate age-appropriate sexual health goals” and the “ability to carry out sexual health promoting behaviours to reach those goals” (p. 15). There was also a mention of negotiating issues with partners, which may not be appropriate for grade six students, and

a reference to a sexual health plan that can be re-evaluated periodically. Communication skills seemed to be an important part of sexual health enhancement. Students are encouraged to integrate sexuality into “mutually satisfying relationships” as well as reduce negative sexual health outcomes, such as prevention of sexual harassment, exploitation, and abuse in addition to avoiding pregnancy and diseases.

The Canadian Guidelines for Sexual Health Education (Public Health Agency of Canada, 2003/2008) deals with a broad range of topics for all age groups, including topics far past the age of grade six students. However, an important contribution this document has made to this study is to support my rationale for designing a unit plan to address a perceived need. As the document stated, schools have an essential role in delivering effective and inclusive sexual health education. I have designed lessons that follow this advice for effectiveness while taking into consideration the Catholic beliefs that most of my students are raised with at their homes and taught at my school.

### **Evidence Based Health Promotion Programs for Schools and Communities**

In this article the authors focus on programs that have been used with success in helping children from kindergarten to grade 12 understand the benefits of positive health decisions. The article focuses on a number of area's including mental health, healthy eating and sexual health behaviour. It was discovered in the United States that today's children are less likely to graduate from high school than their parents (p. 208), resulting in many poor health decisions simply from lack of knowledge. The article continues to state that ‘collaboration between health professionals and schools is an important element for improving school-based health programs’ (p. 209).



The article has a large section on sexual health, starting off by defining sexual health as 'a state of physical, emotional, mental and social wellbeing in relation to sexuality' (p. 209). It is estimated that in the United States half of high school students have had sex at least once with the statistics rising to two thirds of grade 12 students have had sex before graduating (p. 209). It is also reported that in 2006 5250 young people between the ages of 13 to 24 were infected but HIV (p. 209).

Programs that were found effective all had many characteristics that were similar. These programs had specific goals with explicit instructions and information about the use of birth controls, the effects of STI/STD's and AIDS as well as these programs also talked about positive sexual behaviour decisions (p. 209).

The article continues to list different programs that were successful including three that were created for 12 year olds. All three of these programs focused on pregnancy and STI/STD and AIDS prevention and were all school based (p. 210). The outcome of these programs showed a delayed start of sexual activity, increase of contraceptive use and a decrease in unprotected sex and pregnancy (p. 210).

The article concludes with stating that one of the biggest holdups to having more of these successful programs is the lack of constancy, resources and adequate funding. The article continues on to state that a long-term commitment is needed by the public, politicians, healthcare and the education system. I must agree with this conclusion. A large part of the lack of sexual education being taught in my school is the lack of good resources with the support of the public and the government. This is especially true when it comes to Catholics, who believe simply teaching abstinence is the answer to preventing pregnancy and STI/STD's as well as AIDS.

### **Catholic Faith-Based Sexual Health Education**

In this second main section of my literature review, I look at the Yukon's Catholic schools sexual health program *Fully Alive* as well as two editions of a newly released document by the Bishop of Whitehorse, *One Heart* (Gordon, 2012, 2013). Following the Bishop's instructions in this document for teachers to acquire accurate information about sexual orientation, I note current understandings publicized by the American Psychological Association 2008), which are in direct contrast to conservative Church teachings. I conclude the section with a review of some of other books and articles that deal with sexual health education within the Catholic Church.

#### **Fully Alive**

The Catholic Schools of Whitehorse, like all public schools in the territory, are funded and administered by the Public Schools Branch of the Yukon Department of Education. Therefore, the regular public school and Catholic school curricula, including the elementary Career and Health curriculum, is expected to be taught consistently throughout the Yukon. Acceptable differences exist in the materials that Catholic schools and regular public schools use to present the information. Rather than teach using the Yukon Health Promotion Branch resources, which have been considered too sexually explicit, Catholic schools are directed to use a series called *Fully Alive*, which is sponsored by the Ontario Conference of Catholic Bishops.

The series dedication is significant: "The glory of God is man and woman fully alive, but life for them consists in seeing God revealed in his Word" (Fully Alive Teachers Manual, p. 3). The Ontario Association of Catholic Bishops (OACB) website

(OACB, n.d.) includes a short history of *Fully Alive*, that explained how the program is part of a Catholic Family Life program that is closely associated with religious education.

Family Life Education, as it is represented in *Fully Alive*, is intended to pass on a distinctively Catholic view of human life, sexuality, marriage, and family. Its goal is to complement the efforts of families and to support what parents are doing at home. The entire program from Grade 1 through Grade 8 is designed to encourage children to become the people God wants them to be – to be fully alive. (OACB, n.d.)

I looked specifically at the grade six textbook and teachers' manual and even more specifically at what the program refers to as *Theme Three*. This theme area contains information on the human reproductive system and how it works, on respecting developmental differences, and on understanding the potential consequences of sexual behaviour, such as sexual transmitted infections as well as unplanned pregnancy. Although the book addresses these themes well, it is a dry read and continuously instills the conservative Catholic teaching that "sexual love by its specific nature is a fruitful love that demands its fulfillment in the exclusive relation of man and woman" (Teachers Manual, p. 53). Similar statements are made throughout this book, leaving no room to talk about any other sexual feelings or relationships that a student might experience. Newer versions of the *Fully Alive* program for grade six (Ontario Association of Catholic Bishops, n.d.) contain resources for parents that include a glossary of terms. It is interesting to note that the definition of *sexual intercourse* refers only to the act between a husband and wife and that *masturbation* is not defined at all.

Neither does *Fully Alive* for grade six cover any STI information or the risk of unplanned pregnancy, leaving this part of the curriculum untouched. This prescribed outcome is stated directly in the BC Health and Career curriculum for grade six: "identify practices that reduce risk of pregnancy and contracting life-threatening communicable

diseases, including HIV, hepatitis and meningococcal C” (Health and Career Education Grade 6, p. 30). I believe that addressing these topics is essential for effective and comprehensive sexual health education. Research has shown that many students (Public Health Agency of Canada, 2008, p. 8) including many Catholic students (Risch & Lawler, 2003) will experiment with sexual activity in some way before they finish high school. Teachers who use the *Fully Alive* program will have to find additional information on these topics in order to meet the goals of the prescribed curriculum but more important, to offer opportunities for sexual health to students who do not abstain from sex until marriage.

What *Fully Alive* does well for the topics that it does cover is present the Catholic view. Each chapter of the teachers’ manual has a quote from a Catholic authority relating to the specific lesson, followed by the objectives for the lesson. The quotes are wordy and vague, although it appears that they are meant to be inspirational. There is a mix of objectives for learning about the physical body as well as learning that is uniquely faith-based. These objectives were approved by the Ontario Conference of Catholic Bishops. Objectives include “deepening understanding of puberty” which, as it is worded, does not identify specifically what about puberty is to be learned. Two faith-based objectives that contain important Catholic concepts that could also be emphasized in my unit are: a) be encouraged to respect the gift of sexuality, and b) explore the meaning of sexuality as loving and life giving (Ontario Conference of Catholic Bishops, 1990).

It may be worthwhile for Yukon Catholic Schools to review an updated *Renewal Edition* of *Fully Alive*, published after 2006 by Pearson Canada (Ontario Association of Catholic Bishops, n.d.). However, when I reviewed the online resources to support the

renewed edition for Grade 6, I found that Theme Three has not changed in that it addressed the physical changes of puberty without offering information on how to protect sexual health if abstinence is not an option. And nowhere was there acknowledgement that sex may occur between same sex couples. In fact, there was no acknowledgement that sex can occur outside of marriage. However, there are some specific objectives that could be helpful in promoting inclusive behaviour at school, such as: *We show our respect for sexuality by the way we speak and by avoiding rude language or teasing other people about their bodies* (Ontario Association of Catholic Bishops, n.d., Fully Alive Theme Three for grade six).

### **Whitehorse's Bishop Gary Gordon: One Heart**

Yukon Bishop Gary Gordon released a document in the fall of 2012 entitled *One Heart: Living with Hope, Ministering by Love, Teaching in Truth*. The document was identified as a *Resource for the Catholic Schools and Pastoral Staff in the Diocese of Whitehorse* and it was, the Bishop said, approved by the Yukon Department of Education before its release (Craine, 2013). The Bishop's delicate writing explained that God and the Church love all people but there were statements that seemed to contradict that generous teaching and revert to the most conservative Catholic doctrine. For example, "persons who have same sex attractions do not proceed from a genuine affective and sexual complementarity. Under no circumstances can they be approved" (p. 2). The Bishop also asserted that "any sexual genital expression outside the context of marriage is morally wrong" (p. 3), which in my mind is advice that could deter students from making healthy sexual choices through their teen years.



Bishop Gordon (2012) included a section entitled *Practical Guidelines for Creating a Safe School Environment for Students of a Same-Sex Orientation* (p. 8) that instructed students in question “to familiarise [themselves] with Catholic teaching on human sexuality and examine their own attitudes and get access to accurate information about same-sex orientation” (p. 8). As I read this policy, I wondered what “accurate” information meant, in this context? Was the Bishop referring only to information about the Church beliefs about same sex attractions?

To me, following this policy could put teachers in the precarious position of going against their own values to harm students who were exploring or questioning their sexual identity. With only the Church’s position, any student not secure in her/his heterosexual identity would not have access to information about sexual orientation that could help her/him achieve wellbeing throughout her/his high school years. I am not alone in this opinion – the public controversy sparked by this document culminated in a confrontation with the Yukon Education Minister. Bishop Gordon (2013) agreed to revise, rename, and re-release the document without the references to Catholic judgment of non-heterosexual orientation as “gravely depraved” and “objectively disordered” (Caine, 2013).

Bishop Gordon (2012) urged Catholic students and teachers to “familiarize [themselves] with Catholic teaching on human sexuality and examine their own attitudes and get access to accurate information about same-sex orientation” (p. 8). I looked for accurate information in a pamphlet on sexual orientation from the American Psychological Association (2008). The purpose of the pamphlet is to correct misconceptions that people may have about sexual orientation, defined as:

An enduring pattern of emotional, romantic, and/or sexual attractions to men, women, or both sexes. Sexual orientation also refers to a person’s sense of

identity based on those attractions, related behaviors, and membership in a community of others who share those attractions. (p. 1)

“There is no consensus among scientists about the exact reasons that an individual develops a heterosexual, bisexual, gay or lesbian orientation” (American Psychological Association, 2008, p. 2). The authors explained that the core attractions that form the basis of sexual orientation develop “between middle childhood and early adolescence... and sexual attraction may arise without any prior sexual experience. People can be celibate and still know their sexual orientation – be it lesbian, gay, bisexual or heterosexual” (p. 1). The timing of the development of sexual orientation highlights the importance of comprehensive sexual health education beginning in elementary school.

According to the American Psychological Association (2008), it is clear that being lesbian, gay, or bisexual is not a mental disorder and that “heterosexual behavior and homosexual behavior are both normal aspects of human sexuality... and lesbian, gay and bisexual relationships are normal forms of human bonding” (p. 3). The article noted the importance of people “coming out” or acknowledging their sexual identities, which is an important step toward wellbeing. It also cited studies indicating that those who are lesbian, gay, and bisexual want committed relationships and that up to 60% of gay men and 80% of lesbian women in America are in committed relationships (p. 4). Research was cited to confirm that lesbian, gay, and bisexual people can be competent parents and that 33% of lesbian couples and 22% of gay couples in America have at least one child under the age of 18 living with them (p. 5). A key point emphasized in the article is that most people do not experience a choice in their sexual orientation, which conflicts with the Catholic understanding of sex between same sex couples as an immoral choice or sin.

Obviously, I do not agree with all of Bishop Gordon's (2012) statements regarding sexual orientation but my ultimate goal is to create a unit plan that honours Catholic principles and also allows students to accept their own emerging sexuality, as instructed in the Canadian Guidelines for Sexual Health Education (Public Health Agency of Canada, 2003/2008) and confirmed by the American Psychological Association (2008). My dilemma in reconciling these goals as a teacher may be resolved by focusing on the Catholic understanding that every person is a unique creation of a loving God, rather than on a judgment against sexual diversity that even the Pope is now reluctant to make (Connor, 2013). With an emphasis on the Catholic values of love, justice, and compassion for each person (Gordon, 2013), I want students to understand that same sex attraction is normal for some people and that if they experience same sex attractions, they should not be ashamed of who they are.

### **Sexuality Education and the Catholic Teenager: A Report**

Risch and Lawler (2003) surveyed Catholic teenagers to determine their "basic knowledge about sexuality, their understanding of Catholic teachings about sexuality, attitudes towards and values related to sexuality and their sexual behaviours" (p. 57). The results of the study were not surprising to me. For many questions, the responses were varied and inconsistent. The misconceptions that were revealed were startling: 14% of participants believed that females released millions of eggs each month' (p. 59); 24% believed it is harmful for a female to have sexual intercourse during pregnancy; and 21% thought condom use was the least effective method of birth control (p. 60). Furthermore, 34% of participants thought masturbation was sinful and 39% thought people have control of their sexual orientation (p. 61). I found it interesting that 43% thought sexual



intercourse before marriage was wrong; however 72% stated they would have sexual intercourse if in a serious relationship (pg. 63).

The results of the Risch and Lawler (2003) study showed that effective sexual health was lacking for Catholic students. However, results for the section on sexuality education most strongly support the need for comprehensive sexual health education in Catholic schools: 38% learned about sex from friends, 20% from parents, 16% from television or movies, and 13% from a sexuality education course' (p. 63). It seems that teachers of these Catholic students were not covering sexual health topics or the programs that they were using were ineffective for reducing negative sexual health outcomes. Of those students who had taken a sexual health class, just 56% found it helpful. The first recommendation made by Risch and Lawler (2003) is to create "sexuality health programs that include accurate, comprehensive and age appropriate information' (p. 70). This advice has guided the design of my eight lesson sexual health curriculum.

### **Beyond The Birds and the Bees: Raising Sexually Whole and Holy Kids**

A book entitled *Beyond the Birds and the Bees* (Popcak, 2012) was written to help parents educate their children with Catholic beliefs. The book is written in two sections, the first is intended to help parents understand the Catholic vision of love. The second part takes parents step-by-step through the ages and stages of childhood giving major goals and suggestions to teach these goals. My focus for this study is on the chapter for children between the ages of eleven to fourteen because this age group corresponds to the age of grade six students. I was skeptical about the authors' use of language when dealing

with sexual health issues. For example, these are the words suggested for teaching children about conception:

God then puts the egg and the sperm together - like two pieces of a puzzle - inside the wife's body and carries the brand new baby....God feeds him special food for nine months until he grows big and strong. Then when it's time for his birthday God carefully pushes the baby out through the mom's vagina" (p. 279).

I could not imagine teaching this to students who may already have misinformation from peers and the media.

One helpful aspect of this book is the suggestions for when to teach children about sexual health. For example, Popcak and Popcak (2012) suggested that parents teach children about the reproductive systems by grade five or six, to avoid misinformation from peers. My criticism of this book is with the lack of using explicit terms, vague definitions, and true understanding of how body parts work. I also have problems with other aspects of the book that are supposed to help parents and children alike, for example: "If a couple has good reason not to be making babies, then they have good reason not to be making love" (p. 1391).

The last chapter of the book deals with what they call *Common Questions and Concerns*. In this chapter the authors have written about contraception, masturbation, abortion and same sex attraction. The authors say that contraception is wrong, masturbation is a sin, abortion should not be an option, and that same sex attraction is a "grave moral disorder" (p. 3862). I believe these go strictly against what the Canadian Guidelines for Sexual Health Education state as comprehensive education with effective delivery. How can we expect our students to be prepared to make positive sexual health choices if we do not acknowledge that sexual behaviour of any kind can occur outside of marriage? My curriculum will keep in mind the Catholic ideal of sexual activity within a

loving relationship while at the same time giving students all the information they need to make positive sexual health decisions for alternative choices.

### **Contraception: Why Not**

One of the BC Prescribed Learning Outcomes addressed in my curriculum is to “identify practices that reduce risk of pregnancy and contracting life-threatening communicable diseases, including HIV, hepatitis and meningococcal C” (Health and Career Education Grade 6, p. 30). An article written by Professor Janet Smith (2005) from the University of Notre Dame explained why the Catholic church still forbids the use of contraception, a major practice for reducing the risk of pregnancy and, with condoms, preventing life threatening diseases. The article begins with a list of reasons people may use contraceptives, including an increasing world population, the burden of babies, casual sex practices, and divorce rates. However, there is an emphasis on the teaching that God wants human beings to “be fruitful and multiply and fill the earth” (p. 5). Doctor Smith then identified the negative consequences of contraception:

1. It facilitates sex outside of marriage,
2. It increases the incidence of sexually transmitted diseases,
3. It leads to unwanted pregnancy and single parenthood,
4. It causes and leads to abortion,
5. It contributes to divorce and to social chaos (p. 15).

It seems clear to me that these are exactly the reasons the British Columbia Ministry of Education (2006) has prescribed outcomes to teach practices to prevent sexually transmitted diseases, unwanted pregnancy, and abortion. Smith asserted that “those who are infertile are unhealthy” (p. 19) and that contraceptives “put a barrier

between the sperm, the egg and God” (p. 26). She finished the article by talking about the beauty of natural family planning. The problem here is that Smith assumed that only married people would be interested in this topic. I cannot help but ask, *What about that 72% of Catholic teenagers who would have sex if they were in a strong relationship?* What about allowing Canadians to have positive sexual experiences by providing comprehensive information in an effective matter? Abstinence until marriage is a Catholic ideal that can enhance sexual health for some couples but it is simply not the reality for many people. I fail to understand how enforced ignorance of other effective sexual health practices contributes to quality of life within the Catholic faith.

### **Chapter Summary and Conclusion**

In this chapter I have reviewed and commented on the relevance of both secular and faith-based literature for sexual health education in a grade six classroom in the Yukon. A key difference between the faith-based and secular approaches is that the Catholic Church situates learning about puberty and the reproductive system within the context of Family Life Education, which has as its goal the health of the heterosexual family in society. Sexual health education, on the other hand, is focused on enhancing the health and well-being of individuals. To teach about what to do when abstinence is not an option is not to say that there is not value in the Catholic sanctity of the family; it simply is not the reality for everyone in today’s society. Further, Church teachings that frame homosexuality as moral depravity simply do not acknowledge the research-based evidence that sexual orientation is not a choice for most people. The literature that I have reviewed here has given me a clearer purpose in designing a sexual health unit for grade six students in a Catholic school. To be fully alive, I believe these students need the

Catholic teachings that emphasize the gospel values of love, compassion, and justice as freedom from judgment except by God. They also need the best, science-based information that our modern world has provided.

### **CHAPTER III: RESEARCH METHOD**

The strategy that I used to create the curriculum blended the approved Catholic Family Life program (Fully Alive) with BC and Yukon Career and Health prescribed outcomes. I designed what I view as a meaningful, interactive program to engage students and provide accurate information without neglecting the Catholic philosophy. My curriculum design was informed by my review of literature on secular sexual health education and on Catholic teachings about sexuality that are situated in Family Life education and closely associated with religious education (Ontario Association of Catholic Bishops, n.d., A Brief History of Fully Alive).

#### **Role of the Researcher**

My role as the researcher was to oversee all aspects of the design of this new grade six unit. I reviewed the literature and followed curriculum guidelines to determine that the unit should be eight lessons in length. I planned lessons to achieve both secular and faith-based outcomes and to support students with knowledge, motivation, and skills for maintaining sexual health through abstinence or with prevention strategies if abstinence was not the case. As I designed this program, I realized that the gospel principles of love and compassion were key and that the view of justice that I could accept was one that withheld judgment except by God. I tried to remain true to Church teachings without jeopardizing the safety of students who may not, for a variety of reasons, live the ideal Catholic life that includes sexual activity only within an enduring heterosexual marriage.

### **Church Approval**

Before the unit plan that I designed can be taught in a Catholic school, it must be approved by The Bishop of the Dioceses of the Yukon. If such approval is not granted, the design of these lessons may be an experiment in what might have been. However, I believe that tackling this issue and making an effort to reconcile Church teachings with modern realities will be an important contribution to ongoing conversation on the issue.

### **Chapter Conclusion**

It is a reality that Yukon has the third highest rate of sexually transmitted diseases in Canada, followed only by the other two Canadian territories. It is also true that the age group most affected by STIs are teens and youth in their twenties. Effective sexual health programs that begin in the elementary grades and extend through high school may play an important role in reducing these statistics and improving the sexual health of northern populations. I believe it is important to educate students, before they become sexually active, about the risks they may take or choose to avoid. Grade six is an important year when many students are affected by the changes that puberty brings. It seems an ideal time to start having discussions on a range of topics dealing with their bodies and sexual health and wellbeing.

At this time I would like to talk about Lesson Five: The Male Reproductive System and why it is so important. It starts off by talking about how the sperm of a male is the man's half, along with a female egg, in creating a baby. Next I show a picture of the male reproductive system to go over exactly how it works. I introduce where the sperm is stored and how sperm is actually quite sensitive to heat and cold. I also talk about how it is made. Finally I introduce what happens when a male

gets sexually aroused. I talk about how sperm is ejaculated and that it is mixed with fluid, which is called semen. I talk about how small sperm are and how a tiny drop, the size of a period contains around 100 sperm. I also mention it only takes one sperm to impregnate a female egg. I believe this point is critical as it can drive home the point of how easily someone can get pregnant.

At this point I stop and ask for questions. Students usually have some myths and misconceptions by this point, which need to be addressed. Remember the idea is that they have the right knowledge to make positive sexual health decisions. Once all questions are finished I continue the lesson with writing *Erection*, *Ejaculation* and *Wet Dreams* on the board. I have the students start trying to define each to see how much they actually know, dispelling any misconceptions along the way. After a couple of minutes I will intervene and give the proper definition for all three words. Once I do this I will explain using the diagram how a male will first usually get an erection through touch or thought and then with enough stimulation can ejaculate through the urethra and out the end of the penis.

I believe it is very important that students understand how both the female and male reproduction system works in order to make positive sexual health decisions in the future. Both males and females need to understand their own and the other sexes reproductive systems and how they were designed to work in unison to create new life. Only with having all the proper knowledge can young adults make informed sexual health decisions. The following is a chart of all my lessons along with the activities and assessment for each lesson.



Lesson	Activities	Assessment
1. Introduction to Sexual Health Education	<ul style="list-style-type: none"> <li>• View pictures from Bible times</li> <li>• Brainstorm Catholic beliefs about sexuality and marriage</li> <li>• Living Together Before Marriage paragraph writing</li> </ul>	<ul style="list-style-type: none"> <li>• Living Together Before Marriage paragraph</li> </ul>
2. Introduction to Puberty	<ul style="list-style-type: none"> <li>• Introduce KWL chart</li> <li>• Activate prior knowledge</li> <li>• Quiz</li> <li>• Define puberty</li> <li>• common changes handout</li> <li>• Introduce confidential question box</li> </ul>	<ul style="list-style-type: none"> <li>• K for prior knowledge section of KWL</li> <li>• Quiz</li> </ul>
3. Changes for Both Boys and Girls	<ul style="list-style-type: none"> <li>• Activate prior knowledge</li> <li>• Where Puberty Begins web</li> <li>• BLM #4 picture of man and woman sexual parts</li> <li>• Changes for boys and girls handout</li> </ul>	<ul style="list-style-type: none"> <li>• KWL chart – filling the L and W section</li> <li>• Collect webs from BLM #3</li> </ul>
4. The Way It Works for Males and Females and Loving Relationships.	<ul style="list-style-type: none"> <li>• Activate prior knowledge</li> <li>• Have question ‘Why does god give us the ability to reproduce?’</li> <li>• Define sexual intercourse</li> <li>• Introduce the terms gay and lesbian</li> <li>• Remind students that we as Christians do not judge</li> </ul>	<ul style="list-style-type: none"> <li>• KWL chart – filling the L and W section</li> <li>• 10 minute quick write with question for parents</li> </ul>
5. The Male Reproductive System	<ul style="list-style-type: none"> <li>• Activate prior knowledge</li> <li>• BLM #4 picture of man and woman sexual parts</li> <li>• Define all parts of a males reproductive organs</li> <li>• Define and talk about sperm. This includes description and how it is released</li> <li>• Dispel any myths about male reproductive system</li> <li>• Define erection, ejaculation and wet dreams</li> </ul>	<ul style="list-style-type: none"> <li>• KWL chart – filling the L section</li> <li>• 10 minute quick write with question for parents</li> </ul>
6. The Female Reproductive System	<ul style="list-style-type: none"> <li>• Activate prior knowledge</li> <li>• BLM #4 picture of man and woman sexual parts</li> <li>• Define all parts of a females reproductive organs</li> <li>• Define ovulating</li> <li>• Define the menstrual cycle</li> <li>• Define menopause</li> </ul>	<ul style="list-style-type: none"> <li>• KWL chart – filling the L and W section</li> <li>• 10 minute quick write with question for parents</li> </ul>
7. Sexually Transmitted Infections and Diseases	<ul style="list-style-type: none"> <li>• Activate prior knowledge</li> <li>• Define what a STI and a STD is</li> <li>• Handout BLM #6 Common STI/STD's</li> <li>• Go through each common STI/STD and what it does and how it effects humans</li> <li>• Discuss how to protect oneself</li> <li>• Talk about condoms, what they do and do not do and effectiveness.</li> </ul>	<ul style="list-style-type: none"> <li>• KWL chart – filling the L and W section</li> <li>• 10 minute quick write with question for parents</li> </ul>
8. Opening of the Confidential Box and Closing of Unit.	<ul style="list-style-type: none"> <li>• Activate prior knowledge</li> <li>• Summarize using KWL charts what students have learned</li> <li>• Review churches teachings and sexual intercourse vs mainstream ideas.</li> <li>• Discuss what it means to make good informed choices when it comes to sexual intercourse.</li> </ul>	<ul style="list-style-type: none"> <li>• Collect KWL chart and any other missing work for final assessment</li> <li>• 10 minute quick write with 5 points of information they will</li> </ul>

	<ul style="list-style-type: none"><li>• Open confidential question box read and discuss all questions</li></ul>	<b>remember.</b>
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Creating the curriculum was both easier and more difficult than I first thought. I soon realized there was no way to fully integrate the beliefs of the Catholic Church with a comprehensive sexual health education program as described by the Public Health Agency of Canada (2003/2008). There had to be compromises made in order for students to be prepared to make educated and informed decisions about their sexual health. After designing lessons to teach the BC Ministry (2006) prescribed outcomes, I added an introductory lesson to emphasize the Catholic perspective as an ideal to which one might aspire. However, I thought that it was important to show students that this perspective does not always match the realities of modern life and today there are other sources of information to keep people safe if the Catholic ideal does not work for them. I wanted to emphasize for students that God has created and loves them as they are and that they should use information from a variety of sources in order to stay healthy, both mentally and physically.

The next few lessons are about what changes brings to male and female bodies during puberty. These lessons are not controversial and they correspond with outcomes that have been approved in the *Fully Alive* program, with the exception of the teaching that puberty is preparation for bodies to procreate within marriage. I believe that it is not controversial simply to state facts about what happens to both male and females during puberty. I did incorporate the idea that God chooses when each individual will experience puberty, rather than attributing differences in developmental rates to genetics.

It is not until the last two lessons of my unit, when students start to learn about sexually transmitted infections along with birth control, that I went outside of Church beliefs. The reality is that some students start to experiment sexually at a very young age

(as young as grade six) and need to know how to protect themselves from STIs and pregnancy. It is here that I encourage teachers to talk about how loving couples who are not married can have sexual intercourse in a safe manner. In fact, a very important aspect of the decision to have sexual intercourse is making sure that you protect yourself from an STI. I thought that it was also important at this time that teachers emphasize for students that whether or not they follow the Catholic ideal, God will always love them. It was also important to me that teachers remind students not to judge others but show respect by allowing others to make their own choices. Hopefully, these will be choices that protect them from harm and enhance their health and wellbeing.

When I finished a first draft of my lessons I realized that I had focused mostly on the *information* aspect of the Canadian Guidelines to Sexual Health (Public Health Agency of Canada, 2003/2008) and I needed to attend more to the *motivation* and *skills* aspects in order to increase the likelihood of effectiveness. If sexual health education is defined as “the process of equipping individuals, couples, families and communities with the information, motivation and behavioural skills needed to enhance sexual health and avoid negative sexual health outcomes” (Public Health Agency of Canada, 2003/2008, p. 5). I added two key features of the unit, including a letter to encourage parents to continue with the discussions initiated during the lessons at school. The letter notifies parents that their children will be asked to discuss with them four questions about sexual health to help them prepare to make positive sexual health decisions. In the letter, I included the *Better to Know* (Yukon Health and Social Services, 2014) website address and suggested that parents access that website for more information on sexual health education for their children. I noted that the website may be inappropriate for grade six

students to explore alone but that it has important and accurate information for parents to help them discuss the four questions assigned for family discussion in the unit.

The second change I made was to add a ten minute *quick write* to many of the lessons. These writing topics ask students to summarize what they have learned during that lesson and why it may be important. For the final quick write assignment, I ask students to list five key points from the unit that are personally important to them. I invite students to conference with me as well as their parents to explain why these points are important and how they intend to make positive sexual health choices in the future. My purpose in this teaching strategy is to make the learning from the unit *meaningful* – that is, to motivate students to use the knowledge they have learned to make positive sexual health choices in the future. I expect that most students at this age will identify the Catholic ideal of chastity before marriage as personally important to them. However, I will also encourage students to review what people can do to keep themselves safe and healthy if they did not remain chaste.

## CHAPTER IV: REFLECTIONS

I am not sure how the Church community will respond to these lessons. I realize that some traditional Catholics may reject these lessons but I hope that the majority will accept and even agree with how I balanced Church beliefs with the needs of modern day life. As I was creating these lessons, the only Catholic High School in Yukon was involved in a serious public controversy as a result of Bishop Gordon's (2012) *One Heart* document and its position on gay and lesbian students. There was a major backlash from the public, including two public protests. Some people even demanded a referendum on whether Yukon should have Catholic Schools at all. It was affirming to me to know that others see traditional Catholic teachings as outdated and insufficient for the health decisions today's students are faced with. I have had many informal conversations with Catholic teachers who support the idea that Catholic Family Life education needs to be supplemented with sexual health education. Only by offering both options will students have the information, motivation, and skills to promote health and wellbeing throughout their teenage years.

One area that my unit plan does not address directly is the issues that First Nations people of the north are dealing with. There is an urgent need for culturally relevant and appropriate community-based participatory research to develop STI prevention and interventions (Simovska, 2007) for First Nations communities across Canada's North, including the Yukon (Indian Health Service, 2008, p. 2). This is an area for further research also identified in the Canadian Guidelines for Sexual Health Education (2003/2008).

I enjoyed completing this study and unit plan, yet I am not optimistic that Catholic authorities will agree with what I have tried to do or that the Bishop will approve it for classroom use. I do get tired of being told by conservative Catholics to teach only the Church beliefs when I know that such limited teaching leaves students at the mercy of uneducated and potentially dangerous sexual health decisions. I will celebrate thankfully if the Church ever moves toward a more moderate and inclusive position on human sexuality. With the current head of the Catholic church I do see a glimmer of hope that times are slowly changing.

I do see hope, with the new Pope Francis now saying publicly that he is not willing to judge those who are gay and lesbian and that they, along with everyone else, must be welcomed to the Catholic Church. He is quoted saying:

"I used to receive letters from homosexual persons who are 'socially wounded', because they tell me that they feel like the church has always condemned them. But the church does not want to do this... I am a sinner. This is the most accurate definition. It is not a figure of speech, a literary genre. I am a sinner. And this is what I said when they asked me if I would accept my election as pontiff: I am a sinner, but I trust in the infinite mercy and patience of our Lord Jesus Christ, and I accept in a spirit of penance." (*Interview with Antonio Spadaro of La Civiltà Cattolica, reprinted in Jesuit journals around the world, all quotes marked A.S*)

To me, this means the church must welcome without judgment those who decide not to follow the Catholic teachings on sexual health. Maybe, just maybe the leaders of the Catholic Church will one day realize that although their teachings are meant to bring health and wellbeing to God's people, they are not the current reality for the majority of the western world. Perhaps teaching abstinence before marriage as an option along with all the other positive sexual health choices will ultimately benefit all people, including Catholics. Perhaps with devoted Catholics speaking out and designing inclusive



alternatives, such as I offer in this curriculum, the gospel values of love, justice, and compassion will be someday be more fully realized.



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## **Appendix A: Sexual Health Curriculum**

This is an eight lesson sexual health curriculum unit for students in Grade Six at a Catholic Elementary School.

### **BC (and Yukon) Provincial Prescribed Learning Outcomes (PLOs)**

- C1 – Describe the benefits of attaining and maintaining a balanced, healthy lifestyle, including the benefits of healthy eating practices and an emotionally healthy lifestyle.
- C2 – Describe the human reproductive system
- C3 – Demonstrate an understanding of the importance of respecting own and others' development rates during puberty and adolescence
- C4 – Identify practices that reduce the risk of contracting life-threatening communicable diseases including HIV, hepatitis B and C, and meningococcal C.

### **Catholic Education Objectives**

- God created every one of us differently.
- Understand that sexuality is a gift to be respected
- Understand that sexuality is loving and life giving
- Marriage between a man and woman brings children

Unit Assessment

KWL Chart

Web on 'Where Puberty Begins'

Sexual Health Quiz

Observed participation in class discussions.

### **Lesson 1: Introduction to Sexual Health Education**

Lesson Time: 30 Minutes

#### **PLO**

Describe the benefits of attaining and maintaining a balanced, healthy lifestyle, including the benefits of healthy eating practices and an emotionally healthy lifestyle.

#### **Catholic Objectives**

God created every one of us differently

#### **Materials**

- Blackboard to make webs
- pictures to show what life was like around the time of Jesus
- Black Line Master (BLM) #1 KWL chart
- Black Line Master (BML) #8 Letter to Parents

**Learning Activities**

- Start by talking to class about Catholic beliefs, have class realize that the Bible was written over 2000 years ago. Some students may find this hard to grasp.
- If students are having a hard time grasping what life was like 2000 years ago show students some pictures of this era so students can get a better grasp. This can also be supplemented by reading a little about ways of life during this time as well.
- As a class, on the board, brainstorm some facts about Catholic beliefs about sexual intercourse, puberty and living a chaste life until marriage. Mention that these can still be great morals today, however, there are other choices that students will learn about as well.
- Talk about how times have changed, can once again on board complete this as a class, this will allow students to see that change can be good and bad.
- Let students know that the terms and information they will learn in this unit will not all follow Catholic ideals, but this is ok. Tell students that no matter what choices they make, God loves them. Mention to students, that only if someone has all the information can they make an informed decision. Provide an example: when students are completing a math problem they cannot figure out the answer unless they have all the information they need.
- Tell students that for the next 7 lessons, they will be learning about how their bodies develop through puberty, it is up to them to learn and take this information and make informed and educated decisions.
- Hand out BLM #8 letter to parents. Tell students that they will be bringing home four questions to talk about with their parents over the next 7 lessons.
- Remind students that no matter what decisions they make in their lives God will ALWAYS love them and will always forgive them for the mistakes they make.
- Ask students if they have any questions.

**Assessment:**

- Write down the question 'Is it ok for a man and a woman to live together before marriage'. Have students answer question in a short paragraph. Tell them there are no wrong answers, you just want their perspectives.
- Read paragraphs before next lesson so you get an idea of the range of your students beliefs on this topic.



## **Lesson 2: Introduction to Puberty**

Lesson Time: 30 minutes

### **PLOs**

- C1 Describe the benefits of attaining and maintaining a balanced, healthy lifestyle, including the benefits of healthy eating practices and an emotionally healthy lifestyle
- C3 Demonstrate an understanding of the importance of respecting own and others' development rates during puberty and adolescence

### **Catholic Objectives**

- God created every one of us differently.
- Understand that sexuality is a gift to be respected
- Understand that sexuality is loving and life giving

### **Materials:**

- Small box taped shut with a slot on top for confidential questions
- BLM #1 KWL chart
- BLM #3 Male and Female puberty chart
- BLM # 5 Common Changes for Boys and Girls

### **Learning Activities**

- Make a KWL (Know, Wonder, Learned) chart on the board as well as hand out a BLM #1 KWL chart to every student. Remind students that the class will be using this KWL sheet throughout the unit.
- Activate Prior Knowledge: Have students put hands up and tell about what they know about puberty and what they wonder about it. Remind class about behaviour and appropriate talk (example; laughing, rude comments, making fun of classmates opinions). Have the students copy down what you write on the board on their KWL handout sheets. This should take 5 – 10 minutes.
- This is a great time to start talking about any myths students might ask about or think are true. Remember to not just say something is not a myth but actually explain why and tell them the real information. Students can then put down the truth as something they know.
- Leave the 'L' (learned) column blank. Tell students that this will be filled out at the end of each lesson about things they learned that day.

- Hand out BLM #2 the true/false quiz. Give students 2-3 minutes to complete. Review as a class. If students are convinced an answer is right when it is not, provide accurate information. Have students correct quiz with a different colour pencil or pen.
- Now present to the class that puberty starts between the ages of 8 and 16 and lasts for a few years. God creates everyone differently and God has decided when your body will start and finish puberty.
- Hand out the common changes for boys and girls handout BLM# 5 have students go over sheets with a partner for 2 minutes then ask if there are any questions.
- Show class box taped shut with slot in it. Tell students that at the end of the unit you will be opening the box and any question a student is too shy to ask in class can anonymously write it down and put it in the box. These questions will be answered during the last lesson of this unit. Tell students where the box will sit during unit. (Make sure to put it in a place where you can keep a close eye on it.)
- Ask if there are any questions.

**Assessment:**

- Collect Quiz to see how students did before taking test up with a class.
- Have students take out KWL chart and start filling in the 'L' column with information they have learned. You can do this as a class. Collect and look at before next lesson.



### **Lesson 3: Changes for Both Boys and Girls**

Lesson Time: 30 minutes

#### **PLOs**

- C1 Describe the benefits of attaining and maintaining a balanced, healthy lifestyle, including the benefits of healthy eating practices and an emotionally healthy lifestyle
- C3 Demonstrate an understanding of the importance of respecting own and others' development rates during puberty and adolescence

#### **Catholic Objectives**

- God created every one of us differently.
- Understand that sexuality is a gift to be respected
- Understand that sexuality is loving and life giving

#### **Materials**

- BML #3 Web outline
- BML #4 Picture of woman and man

#### **Learning Activities**

- Take up any questions from previous day (sometimes students think of questions between lessons)
- Hand out BLM #3 (the web outline on "Where Puberty Begins".) Ask students if they know. Allow them a few tries before giving the answer. Once "brain" is mentioned write it in the middle circle of the web outline (BLM #3).
- Show students that it comes from the pituitary gland – write this on web, show students where it is located at back of head. Tell students it creates hormones – write this on web. Tell or ask students what hormones are.
- Talk about how these hormones travel to the testicles in boys and produce testosterone and similarly travels to the ovaries for girls and produce estrogen and progesterone for girls. Write these on web. Show BLM #4, picture of a woman and a man, to indicate where the testicles and ovaries are located.

- Let students know these are known as the sex hormones and these chemicals are what are responsible for all the changes that take place over the next few years.
- Remind students that even if their friends start puberty earlier or later than them it doesn't matter. God decides when everyone hits puberty, and it is different for everyone.
- Put 'Changes for Boys and Girls' BLM #5 on overhead or photocopy for a class handout, go through the similar changes for boys and girls as a class. These include skin and sweat, breasts, physical growth, hair on your head and body and pimples and acne.

### **Assessment**

- Ask students if they have any questions, have students take out KWL chart and start filling in the 'L' column with information they have learned. You can do this as a class. Collect and look at before next lesson
- Collect webs students have created from BLM #3 to assess.

**Lesson 4: The Way It Works For Males and Females and Loving Relationships**

Lesson Time: 2 lessons, 30 minutes each

**PLOs**

C3 Demonstrate an understanding of the importance of respecting own and others' development rates during puberty and adolescence  
Describe the human reproductive system

**Catholic Objectives**

- Understand that sexuality is a gift to be respected
- Understand that sexuality is loving and life giving
- Marriage between a man and woman brings children

**Materials**

- BML # 1 KWL chart

**Learning Activities**

- Introduce this lesson with the question  
Why does God give us the ability to reproduce – The answer should be so that we can continue to create human life.
- Ask the class if anyone knows how human life is created – allow students a few tries before giving the answer – sexual intercourse.
- Ask students when should people have sexual intercourse – You are looking for the answer of when two people are in love. At this time you can tell them that in God's eyes, two people are in love and get married before they have sexual intercourse, however, in today's society this is often not the case and that is ok. Tell students that as long as two people love each other and practice proper safe sex practices we should not be judging. The key being they are practicing safe sex practices. These practice will be discussed in more detail in later grades.
- Have a class discussion that God has made every person unique in God's own way and that sometimes to have two females or two males as loving partners is very ok. Tell students they should embrace who they are remember that God made them out of pure love.
- Talk about gay and lesbian – what these words really mean – talk about how two women or men can get married and this is ok because, we as Christians, are

accepting of everybody and are not to judge. Encourage students to share their opinions but remind them about respectful conversation.

- Show students that when they hit puberty sexual attractions will begin. They may start liking someone more and wanting to spend more time with them. They will think of certain people more often and in ways they never thought of before. This is perfectly normal and natural. Also tell students just because they may like somebody, doesn't mean that, that person will like them back. You can back this up by giving an example or story.
- Let students know that as they become adults they will hopefully find a loving relationship where they will have sexual intercourse. Many of these people will get married but some will not and some will be in same sex marriages and all these are normal and natural.
- This is a good spot to stop and ask students if there are any questions, again, remind students that we as Christians do not judge and God has created everyone differently. Also this is a good time to set straight any myths or misconceptions students may have.

**Assessment:**

- Have students fill in the 'L' column of their KWL, collect and look at before next lesson
- Have students complete a 10 minute quick write where they write down what they have learned and one topic they want to know more about and will talk to their parents about. Collect and assess – have students write down topic for parents in their agenda.

## **Lesson 5: The Male Reproductive System**

Lesson Time: 30 – 45 minutes.

### **PLOs**

C3 Demonstrate an understanding of the importance of respecting own and others' development rates during puberty and adolescence

C2 Describe the human reproductive system

### **Catholic Objectives**

- Understand that sexuality is a gift to be respected
- Understand that sexuality is loving and life giving

### **Materials**

- BML #1 KWL chart
- BML #4 Picture of woman and man

### **Learning Activities**

- Show students that sperm are the male reproductive cells, in the same way as eggs inside a woman are the female reproductive cells (these two cells need to meet to make a baby). Ask students who knew that only at puberty do males start making sperm.
- Show BLM #4 diagram of the male and female reproductive system on the overhead, cover the female with a piece of paper. Go over terminology with class, Tell students as the lesson progresses you will be referring to the diagram.
- Share with students that sperm can be killed or damaged by heat and this is why the penis and scrotum hang outside a male's body. Let students know that the scrotum shrinks and grows depending if you're hot or cold. This is why boys may have heard boxer underwear is better to wear than tight underwear. They allow the scrotum to move closer or away from the body more freely.
- Show students via diagram or other multimedia methods that sperm are made in the testicles, which are inside the scrotum (refer to diagram). Tell students that males make about 100 sperm per second and that it is stored in the epididymis which is the tube at the back of each testicle.
- Show students again with diagram or other methods that when a male gets very sexually aroused, sperm are released from the epididymis, move through the

sperm ducts to the urethra and out the penis. However, not just sperm is released. Sperm is mixed with a white sticky fluid, which allows the sperm to move more easily. This fluid, when mixed with sperm, is called semen. Sperm are too small to see with the naked eye, however, a drop of semen the size of a period on their page would contain around 100 sperm. Remember to refer to diagram. Also remind students it only takes one sperm to impregnate a female egg.

- Stop here and ask students if they have any questions, again remember to dispel any myths or misconceptions.
- Next write the words Erection, Ejaculation and Wet Dreams on the board. Ask students what they know about each and write idea down where it belongs under each of the three options. Students do not have to copy this down. It is a visual to help students understand the difference of each.
- Then start filling in the missing parts. Under Erections tell students there is actually no bone, but rather the penis fills with blood to get hard. Tell students there are many ways to get an erection, from your penis being touched or rubbed, by having exciting or happy thoughts about sex, if you see someone you think is very attractive, or sometimes there really isn't even a reason. Don't worry this is the same for all males!
- Show students with diagram that ejaculation is when the semen comes out of the penis. The muscles at the base of the penis start to expand and contract (tighten) and this acts like a pump and pushes the semen through the urethra and out the penis. Tell students this doesn't happen every time a male has an erection, only when he is very sexually excited.
- Explain to students that males can have wet dreams when they are sleeping. It happens without the person knowing and when they wake up they have semen on their pajamas or underwear. Explain this is very normal and almost all males will experience this. There is also nothing you can do about it, so don't worry about it.

#### **Assessment:**

- Ask students if they have any questions, have them take out their KWL charts and continue to fill out the 'L' column. Collect and look at before next lesson (Note: masturbation not required to be taught, but I can include it if you would like!)
- Have students complete a 10 minute quick write where they write down what they have learned and one topic they want to know more about and will talk to their parents about. Collect and assess – have students write down topic for parents in their agenda.

## **Lesson 6: The Female Reproductive System**

Lesson Time: 45 minutes

### **PLOs**

Demonstrate an understanding of the importance of respecting own and others' development rates during puberty and adolescence

Describe the human reproductive system

### **Catholic Objectives**

- Understand that sexuality is a gift to be respected
- Understand that sexuality is loving and life giving

### **Materials**

- BML #1 KWL chart
- BML #4 Picture of woman and man

### **Learning Activities**

- Remind students how sperm are the male reproductive cells, in the same way as eggs inside a woman are the female reproductive cells (these two cells need to meet to make a baby). Tell students that only at puberty do males start making sperm.
- Show BLM #4 diagram of the female reproductive system on the overhead, cover up the male reproductive system with a piece of paper. Go over terminology with class, Tell students as lesson progresses you will be referring to the diagram.
- Go through diagram going over different parts of a female reproductive system, the Fallopian tubes, ovaries, uterus, cervix, vagina and vulva. Make sure to explain purpose of each.
- Discuss with students that when two adults who love each other have sexual intercourse, the male's hard penis goes into the vagina. The male ejaculates his semen, which then make their way to uterus. If a female has ovulated (meaning released an egg) one sperm may go into and fertilize the egg, which is the start of a new human life.



- The female does not start releasing one egg a month until she has her first period and this happens sometime during puberty (between 8 and 16 years old). Remind students that God decides when this will happen. Females are born with a certain number of eggs in their ovaries and this is usually around 200 000.
- Discuss with students that a female starting her menstrual period (also known as the menstrual cycle) is probably the biggest change in the female's body.
- Having a period simply means that fluid from a females body (including blood in varying amounts) comes out through the vagina. This is normal and is easily dealt with using tampons or sanitary napkin. Tell students the amount of discharge varies each month and for every woman. Again God made everyone different.
- Inform students that when a female starts having periods they might be irregular and it may take up to a couple of years before their bodies become regular. This is normal and in fact some women never have regular periods, and that is normal for them. Remind students once again, god made everyone different.
- Most women will have their period once a month usually anywhere between 21 and 35 days.
- Ask students if they know what menopause is. Let students know that a female will have around 500 periods and will stop having periods around the age of 50, which is called menopause. Again this changes for every female. Once a woman reaches menopause she can no longer have babies.
- Describe to students that some females do get period 'cramps' which is some pain or discomfort before and during their period. However, there are ways to deal with this. You do not have to teach about those ways.
- Show students with chart that once a female reaches puberty, the ovaries will take turns once a month releasing an egg (you can at this time explain how on rare occasions both ovaries can release an egg or more than one which can create twins). The egg travels down the fallopian tube to the uterus where it stops and waits for a sperm to fertilize it. If this doesn't happen it needs to flush itself out and this is what having a period is.
- Show students with diagram that the egg is usually released about 2 weeks before a female has her period and the releasing of the egg is called ovulation. Occasionally ovulations can be an uncomfortable time with minor cramps.
- Show students with diagram how sperm will travel up to the uterus and that if the egg is fertilized and the female becomes pregnant her periods stop for the duration of the pregnancy.

**Assessment:**

- Have students take out 'KWL' charts and continue filling out what they have learned. Collect and look at before next lesson
- Have students complete a 10 minute quick write where they write down what they have learned and one topic they want to know more about and will talk to their parents about. Collect and assess – have students write down topic for parents in their agenda.

## **Lesson 7: Sexual Transmitted Infections and Diseases**

Lesson Time: 30 Minutes

### **PLOs**

Identify practices that reduce the risk of contacting life-threatening communicable diseases including HIV, hepatitis B and C, and meningococcal C

### **Catholic Objectives**

- Understand that sexuality is a gift to be respected
- Understand that sexuality is loving and life giving

### **Materials**

- BLM #1 KWL
- BLM #7 Common STD/STI's

### **Learning Activities**

- Remind students that in order for a baby to be created a male and a female must have sexual intercourse. Explain how this is done by two loving people who love each other, however, there are risks to sexual intercourse and therefore why it is so important to know and trust the person you are having sexual intercourse with.
- Explain to students that there are a variety of sexual infections and diseases you can get, most are curable with medication, however some are not and will stay with you for life. Also tell students that 1 in 2 sexually active people will get an STI/STD by the age of 25
- Put on overhead or photocopy and hand out BLM #6 "The Common STI/STD's". There is also BLM #7 which has information and statistics on each of the common STI/STD's. It may be a good idea to familiarize yourself with this information before teaching this lesson. **Note:** There is a great website [www.bettertoknow.yk.ca](http://www.bettertoknow.yk.ca) which can help the teacher and the students.
- Go through each one with the class, make sure class is able to ask questions throughout lesson.
- Common STI/STD's are as follow

- HIV (Aids)
  - Hepatitis B and C
  - Chlamydia
  - Herpes
  - HPV
  - Syphilis
  - Gonorrhea
- Discuss with students that STI/STD's can also be transmitted by other means such as oral sex. Here you can tell students what oral sex is, or simply tell students it is when loving partners kiss each other on their private parts.
- Ask students if they know any ways to protect themselves from these infections. Give students a few tries before answering for them. The main answer you are looking for is condoms. Tell students there are many ways to prevent pregnancy but using condoms are really the best way to protect against STI/STD's . You can quickly go through other birth control methods if class is interested and time allows. Note: you do not have to show them how condoms are put on, this is done at a later grade.
- Make sure students understand condoms are NOT 100% effective and they can be used wrong, they can break and there is still a risk when using them if you do not know your partner.

**Assessment:**

- Have students take KWL and write down some things they have learned about STI/STD's. Collect and look at before next lesson
- Have students complete a 10 minute quick write where they write down what they have learned and one topic they want to know more about and will talk to their parents about. Collect and assess – have students write down topic for parents in their agenda.

**Lesson 8: Opening of the Confidential Box and Closing of Unit**

Lesson Time: 30 minutes

**PLOs**

- C1 Describe the benefits of attaining and maintaining a balanced, healthy lifestyle, including the benefits of healthy eating practices and an emotionally healthy lifestyle.

**Catholic Objectives**

- God created every one of us differently.
- Understand that sexuality is a gift to be respected
- Understand that sexuality is loving and life giving
- Marriage between a man and woman brings children

**Materials**

- BLM #1 KWL

**Learning Activities**

- Have students take out their KWL and summarize as a group what they have learned about the human body and its reproductive systems. Allow 10 to 15 minutes for this.
- Bring class back together, ask students if they have and questions about anything they have learned. (Depending on class this could go by very quickly or take a while.)
- At this time tell students that we, as Catholics believe in God, and that God creates us. Also remind students that, though the Catholic Church believes that sexual intercourse should only be done by a married man and women to create children, many people in today's society make other very healthy choices which should not be judged. For example a homosexual couple adopting a child into a loving family.
- Have a discussion with students people make uneducated choices when it comes to sexual intercourse. Students need to understand that only with all the proper information can people make good informed choices. Students will have to decide

on their own what they would like to do, but to make sure they are prepared with all the true information before making any sexual decision.

- Now open box that was set on table at beginning of unit and go through questions students have written down anonymously. This again can vary greatly in the time it takes.
- Ask students if they have any last questions

**Assessment:**

- Collect KWLs and any other missing work from students to mark as a final assessment.
- Have students complete a 10 minute quick write where they write down 5 pieces of information that will stick with them and why they think these points are important to know. How will these five points help them make positive choices in the future. Assess these quick writes.

BLACK LINE MASTERS (BLM) #1

KWL CHART

Know	Wonder	Learned

BLACK LINE MASTERS (BLM) #2

Puberty Quiz: What Do You Know?

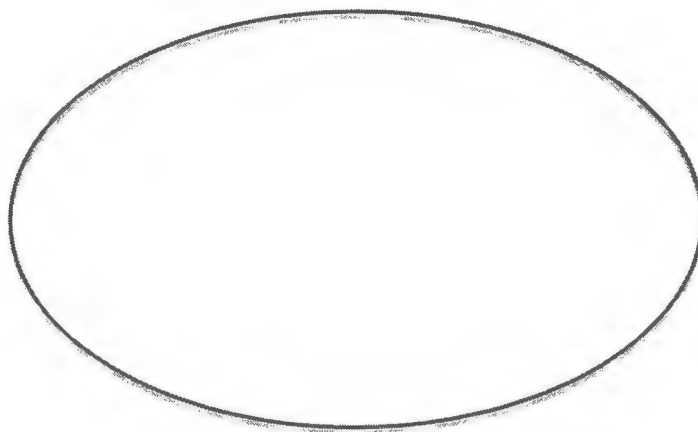


- |   |   |   |
|---|---|---|
| 1. Puberty happens to both girls and boys.                                    | T | F |
| 2. When you go through puberty you might notice an increase in your appetite. | T | F |
| 3. All girls start puberty before ten.  | T | F |
| 4. Puberty is the third time in your life when you will grow very quickly.    | T | F |
| 5. Puberty starts because of hormones.  | T | F |
| 6. Voice changes happen to boys and girls at puberty.                         | T | F |
| 7. Only boys get pimples at puberty.  | T | F |
| 8. Breast changes happen to boys and girls at puberty.                        | T | F |

BLACK LINE MASTERS (BLM) #2 CONTINUED

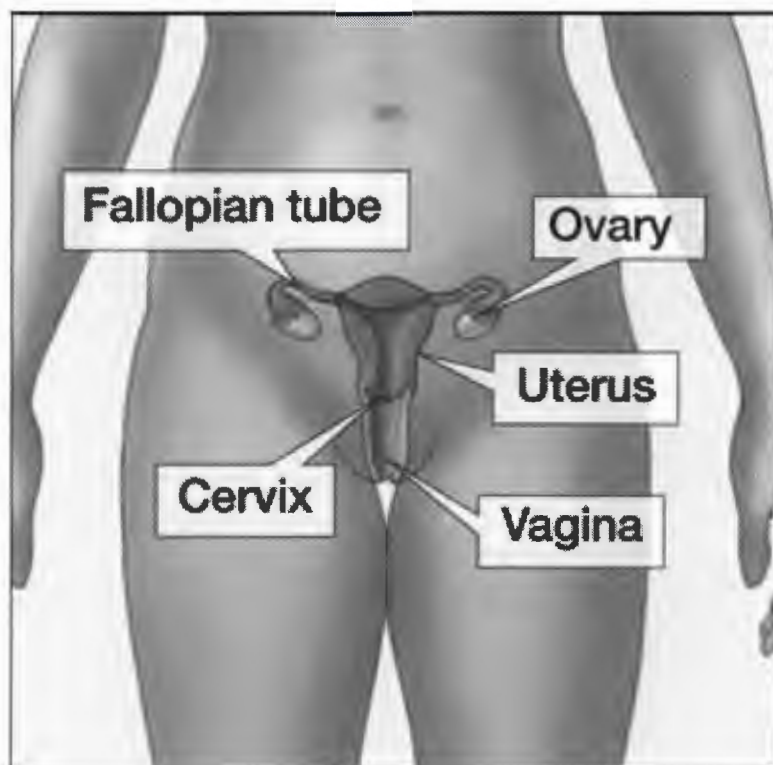
Quiz Answers!

1. **True** – Puberty happens to boys and girls at different times.
2. **True** – One of the changes in puberty is a growth spurt so your body needs more energy.
3. **False** – Some girls might notice some changes before ten others not until later.
4. **True** – The first time is when you grow from being one cell to millions of cells in your mother's womb. The second time is the first year of life and the third time is during puberty.
5. **True** – The brain sends signals to other parts of your body to begin the production of hormones that start puberty.
6. **True** – The voice box (larynx) in girls and boys grows larger and thicker changing the tone of the voice. A boy's voice will deepen more than a girl's voice.
7. **False** – Eight out of ten teens will experience pimples during puberty.
8. **True** – Both girls and boys experience change in their breasts during puberty.

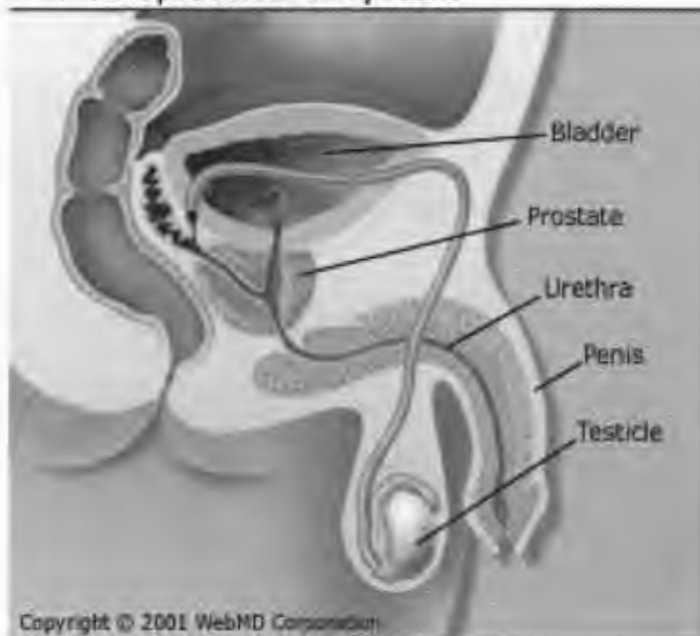


BLACK LINE MASTERS (BLM) #4

Man and Woman Sexual Parts



### Male Reproductive System



**BLACK LINE MASTERS (BLM) #5****Common Changes for Boys and Girls****SKIN AND SWEAT**

- During puberty, perspiration (sweat) increases and you will develop more body odour.
- Sweat is what regulates your body's temperature and comes from the millions of sweat glands you have all over your body.
- There are two kinds of sweat glands; eccrine and apocrine.
- Eccrine glands are all over the body and their perspiration is odourless.
- Apocrine glands are mostly under the arms and genital area. These glands become active during puberty.
- When apocrine sweat comes in contact with bacteria on our skin it creates body odour.
- This is why it is important to wash your body on a regular basis once you have hit puberty.

## BREASTS

- A girl's breasts will begin to grow during puberty.
- They sometimes may feel tingly or uncomfortable.
- Breasts can develop at different rates and often one breast may be slightly larger than the other.
- Boy's breasts will sometimes swell or feel uncomfortable during puberty.
- Though boys breasts do not grow like girl breasts, they will grow slightly larger and become more defined. These are also known as pecks.

## GROWTH

- Height and weight will increase during puberty.
- The rate of growth is different for everyone, remember God decides how much and when.
- You can grow very quickly during this time and because of this you may at times feel clumsy. This is normal as you are getting use to your new body size.
- Boy's shoulders and chests will start to broaden while girls develop broader hips.

## BODY HAIR

- You will start to see hair growing in the pubic area, armpits and on your legs. Boy's will start having facial hair.

## PIMPLES AND ACNE

- These happen to eight out of ten teens.
- During puberty the glands under your skin develop sebum, an oily liquid that keeps your skin moist.
- When one of these glands gets blocked and becomes infected with bacteria a pimple will form.
- Acne is having a bad case of pimples.
- Regular washing is one of the best ways of dealing with pimples and acne.

## BLACK LINE MASTERS (BLM) #6

## Common STI/STD's

- HIV: human immunodeficiency virus (AIDS: acquired immune deficiency syndrome)
- Hepatitis B and C
- Chlamydia
- Herpes
- HPV (human papilloma virus)
- Syphilis
- Gonorrhea

## BLACK LINE MASTERS (BLM) #7

## COMMON STI/STD'S

**HIV****What is it?**

The human immunodeficiency virus (HIV) is a virus that weakens the immune system and eventually causes AIDS if left untreated.

**How common is it?**

About 50,000 new infections occur each year, with an estimated 1.2 million people already living with HIV.

**What are the symptoms?**

Many people who are infected with HIV do not have any symptoms and feel healthy. Symptoms don't usually develop until a person's immune system has been weakened. The symptoms are usually related to infections and cancers they get due to a weakened immune system.

**How do you get it?**

HIV can be contracted by having unprotected vaginal or oral sex. Also by sharing contaminated needles; and from mother-to-child during pregnancy or breast-feeding. The chance of getting it through kissing is very low.

**How do you treat it?**

There is no cure for HIV or AIDS. Antiretroviral treatment can slow the progression of the HIV disease and delay the onset of AIDS. Early diagnosis and treatment can improve a person's chances of living a longer, healthier life.

**What are the consequences if left untreated?**

Consequences if left untreated are; increased risk for other life-threatening infections and certain cancers. By weakening the body's ability to fight disease, HIV makes an infected person more vulnerable to infections that they wouldn't otherwise get. HIV can also cause infections that anyone can get, such as other STDs and pneumonia, to be much worse. Left untreated, HIV infection develops into AIDS and is a fatal disease.

**Can it be prevented?**

There is no vaccine for HIV. Abstaining from sex and sexual contact is the surest way to avoid getting an STD. Using condoms every time greatly reduces the risk of contracting HIV. Get medical treatment immediately if you think you were exposed to HIV. Sometimes, HIV medications can prevent infection if they are started quickly.



## **Hepatitis-B Virus (HEP-B, HBV)**

### **What is it?**

A viral infection affecting the liver – HBV can be acute (mild illness lasting for a short time) or chronic (a serious life-long illness).

### **How common is it?**

An estimated 38,000 people are infected with HBV each year (most of which are acquired through sex). Up to 1.4 million people are already infected with chronic HBV.

### **What are the symptoms?**

Many people don't have any symptoms, especially adults. People may experience tiredness, aches, nausea & vomiting, loss of appetite, darkening of urine, tenderness in the stomach, or yellowing of the skin and the whites of the eyes (called jaundice). Symptoms of acute HBV may appear 1 to 6 months after exposure. Symptoms of chronic HBV can take up to 30 years to appear, although liver damage can occur silently.

### **How do you get it?**

HBV can be contracted by having unprotected vaginal or oral sex. Also through childbirth if the baby does not get vaccinated against HBV; sharing contaminated needles or razors; or exposure to the blood, bodily fluids (like semen or saliva) of an infected person.

### **How do you treat it?**

If your doctor determines your hepatitis B infection is acute — meaning it is short-lived and will go away on its own — you may not need treatment. Instead, your doctor will work to reduce any signs and symptoms you experience while your body fights the infection. Your doctor may recommend follow-up blood tests to make sure the virus has left your body. Chronic HBV is treated through close monitoring by a doctor and antiviral medications. If your liver has become damaged a liver transplant is also an option.

### **What are the consequences if left untreated?**

Consequences if HBV is left untreated are; increased risk for infection of other STDs, including HIV, chronic, persistent inflammation of the liver and later cirrhosis or cancer of the liver, babies born to infected women are likely to develop chronic HBV infection if they don't get needed immunizations at birth (including HBV vaccination).

### **Can it be prevented?**

Vaccines are the best way to prevent HBV. You should get vaccinated for HBV if you were not vaccinated (3 doses) when you were younger.

Abstaining from sex and sexual contact is the surest way to avoid getting an STD. Using condoms every time reduces the risk of contracting STDs. If you or your partner tests positive, you should abstain from sex until the infection is gone. Always contact a doctor if you think you may have been exposed.

## **Hepatitis C (HEP-C)**

### **What is it?**

Hep C is a contagious liver disease that can range from mild illness to a serious, life-long condition. It can be transmitted sexually, but is most often transmitted through contaminated needles.

### **How common is it?**

An estimated 3.2 million persons are chronically infected with HCV in the United States. There are an estimated an estimated 17,000 new Hepatitis C virus infections each year.

### **What are the symptoms?**

Most HPV infections have no symptoms. Some people may experience illness like fever, vomiting, abdominal pain, dark urine, joint pain and jaundice, a yellow color to the skin and eyes.

### **How do you get it?**

Hepatitis C is spread when infected blood enters the body of someone who is not infected. Today, most infections occur through sharing needles or other drug equipment. It can be transmitted sexually, but the risk is not high.

### **How do you treat it?**

There is no medication for acute Hep C, which means a short-term infection, but rest and fluids are prescribed. People with chronic Hep C should be monitored carefully for liver disease and there are several medicines available for treatment.

### **What are the consequences if left untreated?**

Chronic Hepatitis C can result in long-term health problems, including liver damage, liver failure, liver cancer, or even death.

### **Can it be prevented?**

There is currently no vaccine for Hep C. Risk of the getting Hep C is cut down by not injecting drugs, and by using condoms every time if you have sex. Abstaining from sex and sexual contact is the surest way to avoid getting an STD. Always contact a doctor if you think you may have been exposed.

## **Chlamydia**

### **What is it?**

A bacterial infection of the genitals, anus, or throat.

### **How common is it?**

Chlamydia is the most commonly reported STD in the U.S. Over 1 million cases are reported each year. The highest proportion of cases is among women aged 15 to 24.

### **What are the symptoms?**

Often there are no symptoms. For women who do experience symptoms, they may have vaginal discharge that is discolored or yellow-green, bleeding (not their period), and/or burning and pain during urination. For men who do experience symptoms, they may have discharge or pain during urination, and/or burning or itching around the opening of the penis.

### **How do you get it?**

Chlamydia can be contracted through unprotected vaginal or oral sex. It can also be passed on from mother to child during childbirth.

### **How do you treat it?**

Oral antibiotics cure the infection. Both partners must be treated at the same time to prevent passing the infection back and forth. Both partners should abstain from sex until the infection is gone. Persons with Chlamydia should be tested for other STDs.

### **What are the consequences if left untreated?**

Increased risk for infection of other STDs, including HIV. In women, Chlamydia can cause pelvic inflammatory disease (PID) which can lead to infertility and tubal (ectopic) pregnancy. Men may develop pain and swelling in the testicles, although this is rare. Babies born to infected women can develop eye or lung infections.

### **Can it be prevented?**

There is no vaccine for Chlamydia. Abstaining from sex and sexual contact is the surest way to avoid getting an STD. Using condoms every time reduces the risk of contracting STDs. If you or your partner tests positive, you should abstain from sex until the infection is gone. Always contact a doctor if you think you may have been exposed.

## **Genital Herpes**

### **What is it?**

A viral infection of the genital areas.

### **How common is it?**

At least 50 million people are already infected with herpes, or about one in six people. An estimated 1 million new infections occur each year.

### **What are the symptoms?**

Most people have no symptoms. Genital Herpes typically causes genital sores or blisters. A herpes outbreak can start as red bumps and then turn into painful blisters or sores. During the first outbreak, it can also lead to flu-like symptoms (like a fever, headaches, and swollen glands).

### **How do you get it?**

Genital Herpes can be contracted through unprotected vaginal, or oral sex. It can also be passed through skin-to-skin sexual contact and rarely from mother to child during childbirth.

### **How do you treat it?**

There is no cure for herpes, the virus stays in the body and may cause recurrent outbreaks. Medications can help treat symptoms, reduce the frequency of outbreaks, and reduce the likelihood of spreading it to sexual partners.

### **What are the consequences if left untreated?**

Consequences if Genital Herpes is left untreated are an increased risk for infection of other STDs, including HIV. Some people with herpes may get recurrent sores. Passing herpes from mother to newborn is rare, but an infant with herpes can become very ill.

### **Can it be prevented?**

There is no vaccine for herpes. Abstaining from sex and sexual contact is the surest way to avoid getting an STD. Using condoms every time reduces the risk of contracting STDs, but it is possible to contract herpes in areas not covered by a condom. If you or your partner tests positive, avoid sexually contact if sores are present. Even if a person does not have any symptoms he or she can still infect sex partners so use protection. Always contact a doctor if you think you may have been exposed.

## **HPV**

### **What is it?**

A viral infection with over 40 types that can infect the genitals, anus, or throat. Some types of HPV can cause warts and cancer.

### **How common is it?**

More than 50% of sexually active people will get HPV at some point in their lives. An estimated 6 million new cases occur each year, with at least 20 million people already infected.

### **What are the symptoms?**

Most infected people have no symptoms. But some HPV types can cause genital warts—small bumps in and around the genitals (vagina, vulva, penis, testicles, and anus, etc.). If they do occur, warts may appear within weeks or months of having sex with an infected partner. Cancer-causing HPV types do not cause symptoms until the cancer is advanced.

### **How do you get it?**

HPV can be contracted through unprotected vaginal or oral sex. It can also be passed on during skin-to-skin sexual contact, and in rare cases, from mother to child during childbirth.

### **How do you treat it?**

There is no cure for HPV (a virus), but there are ways to treat HPV-related problems. For example, warts can be removed, frozen off, or treated through topical medicines. Even after treatment, the virus can remain and cause recurrences (warts may come back).

### **What are the consequences if left untreated?**

Genital warts will not turn into cancer over time, even if they are not treated. Babies born to women with genital warts can develop warts in the throat. Cancer-causing HPV types can cause cervical cancer & other less common cancers (like anal cancer) if the infection lasts for years. Cervical cancer is rare in women who get regular Pap tests.

### **Can it be prevented?**

HPV vaccines are available for both males and females, and are the best way to protect against some of the most common types of HPV. Teens, women up to 26, and men up to 21, should get all three shots before becoming sexually active. Abstaining from sex and sexual contact is the best way to avoid getting an STD. If you are having sex, using condoms every time reduces the risk of contracting STDs, but HPV can still be transmitted in areas not covered by condoms. Always contact a doctor if you think you may have been exposed.

## **Syphilis**

### **What is it?**

An infection caused by bacteria that can spread throughout the body.

### **How common is it?**

About 36,000 new cases are reported each year.

### **What are the symptoms?**

Symptoms vary based on the course of infection—beginning with a single, painless sore (called a chancre) on the genitals, anus, or mouth. Other symptoms may appear up to 6 months after the first sore has disappeared, including a rash. However, there may be no noticeable symptoms until syphilis has progressed to more serious problems.

### **How do you get it?**

Syphilis can be contracted through unprotected vaginal or oral sex. It can also be passed through kissing if there is a lesion (sore) on the mouth, and from mother to child during childbirth.

### **How do you treat it?**

Antibiotic treatment can cure syphilis if it's caught early, but medication can't undo damage already done. Both partners must be treated and avoid sexual contact until the sores are completely healed.

### **What are the consequences if left untreated?**

Increased risk for infection of other STDs, including HIV. Untreated, the symptoms will disappear, but the infection stays in the body and can cause damage to the brain, heart, and nervous system, and even death. Syphilis in women can seriously harm a developing fetus during pregnancy.

### **Can it be prevented?**

There is no vaccine for syphilis. Abstaining from sex and sexual contact is the surest way to avoid getting an STD. Using condoms every time reduces the risk of contracting STDs. If you or your partner tests positive, both partners must be treated and avoid sexual contact until the sores are completely healed. Always contact a doctor if you think you may have been exposed.

## **Gonorrhea**

### **What is it?**

A bacterial infection of the genitals, anus, or throat.

### **How common is it?**

An estimated 700,000 people in the U.S. get gonorrhea each year. The highest rates are among women aged 15 to 24 and men aged 20 to 24.

### **What are the symptoms?**

Most infected people have no symptoms. For those who do, it can cause a burning sensation while urinating, abnormal white, green, and/or yellowish vaginal or penile discharge. Women may also have abnormal vaginal bleeding and/or pelvic pain. Men may also have painful or swollen testicles.

### **How do you get it?**

Gonorrhea can be contracted through unprotected vaginal or oral sex. It can also be passed on from mother to child during childbirth.

### **How do you treat it?**

Oral antibiotics can cure the infection. Both partners must be treated at the same time to prevent passing the infection back and forth. Both partners should abstain from sex until the infection is gone. Persons with gonorrhea should be tested for other STDs.

### **What are the consequences if left untreated?**

Increased risk for infection of other STDs, including HIV. In women, gonorrhea can cause pelvic inflammatory disease (PID) which can lead to infertility and ectopic pregnancy, which a fetus can't survive. Men may develop epididymitis, a painful condition, which can lead to infertility. Babies born to infected women can develop eye infections.

### **Can it be prevented?**

There is no vaccine for gonorrhea. Abstaining from sex and sexual contact is the surest way to avoid getting an STD. Using condoms every time reduces the risk of contracting STDs. If you or your partner tests positive, you should abstain from sex until the infection is gone. Always contact a doctor if you think you may have been exposed.